

Name
in
Full

Hubert Bowe.

CERTIFICATE OF DEATH

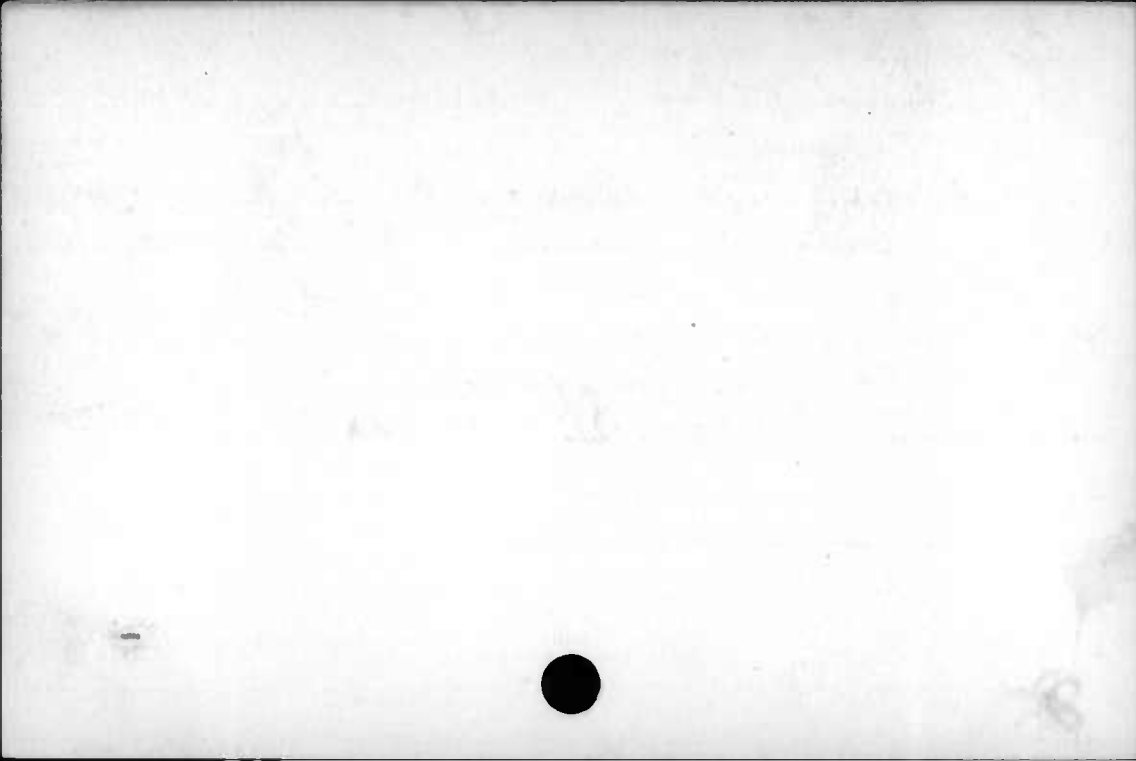
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Amnapolis</i> <small>Town</small>		<i>Anne. Arundel.</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>fourth</i> <small>Day</small>	Age <i>71</i> <small>Years</small>	<i>2</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Occupation <i>Catholic Priest</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Thomas M. Hanley</i>	How related to deceased <i>Pastor</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>2 nephritis</i>	How long <i>2 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J J Murphy</i>
	Address <i>Amnapolis</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Royal W. Bruner

CERTIFICATE OF DEATH

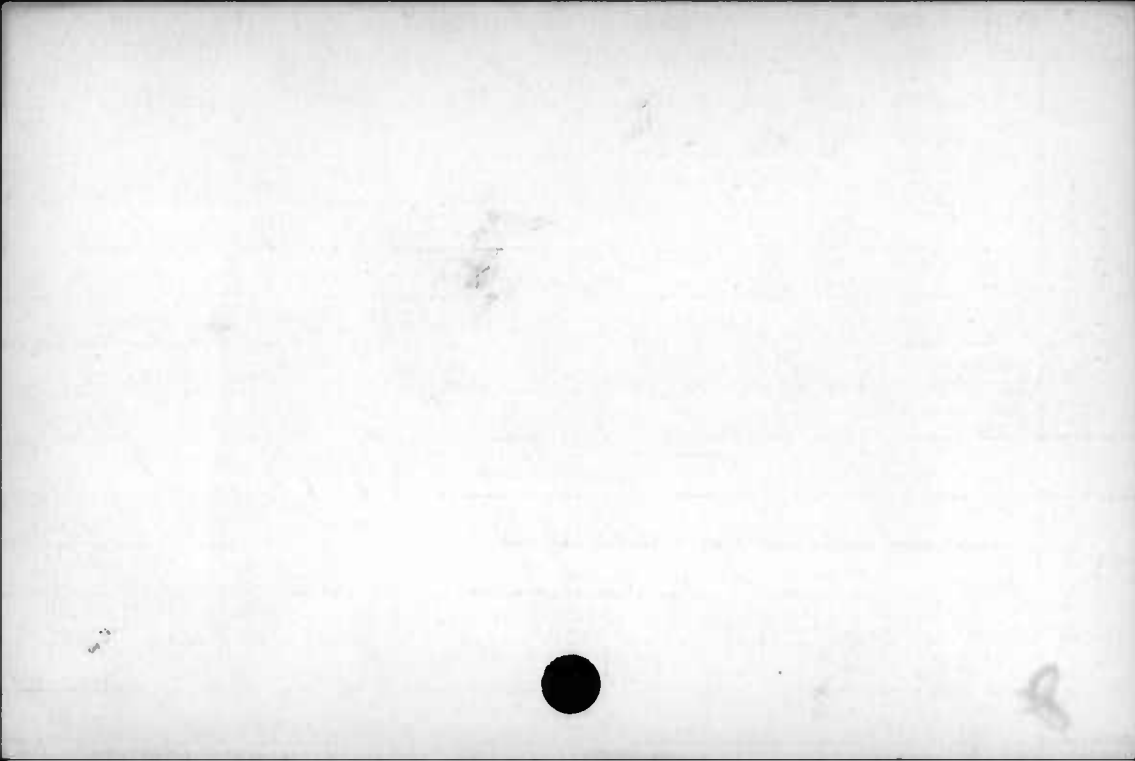
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>A.A.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>3</i>	Age <i>10</i>	Years <i>10</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Annapolis</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>22 B lack st</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Bruner</i>	Father's Birthplace <i>A.A. Co</i>				
Mother's Maiden Name <i>Alice Lambert</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Matthie Alice Bruner</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Picanti</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Richard Clayton

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death 190 *7* Month *Apr* Day *13* Age *66* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Calo, Md*

Occupation *Domestic* Where Residing if not at place of death *262 W. 5th St.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Jayus Clayton*

Father's Name *Washington Clayton* Father's Birthplace *Calo.*

Mother's Maiden Name *Emilia Johnson* Mother's Birthplace *Calo*

Name of person giving information *Frank Johnson* How related to deceased *Son*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

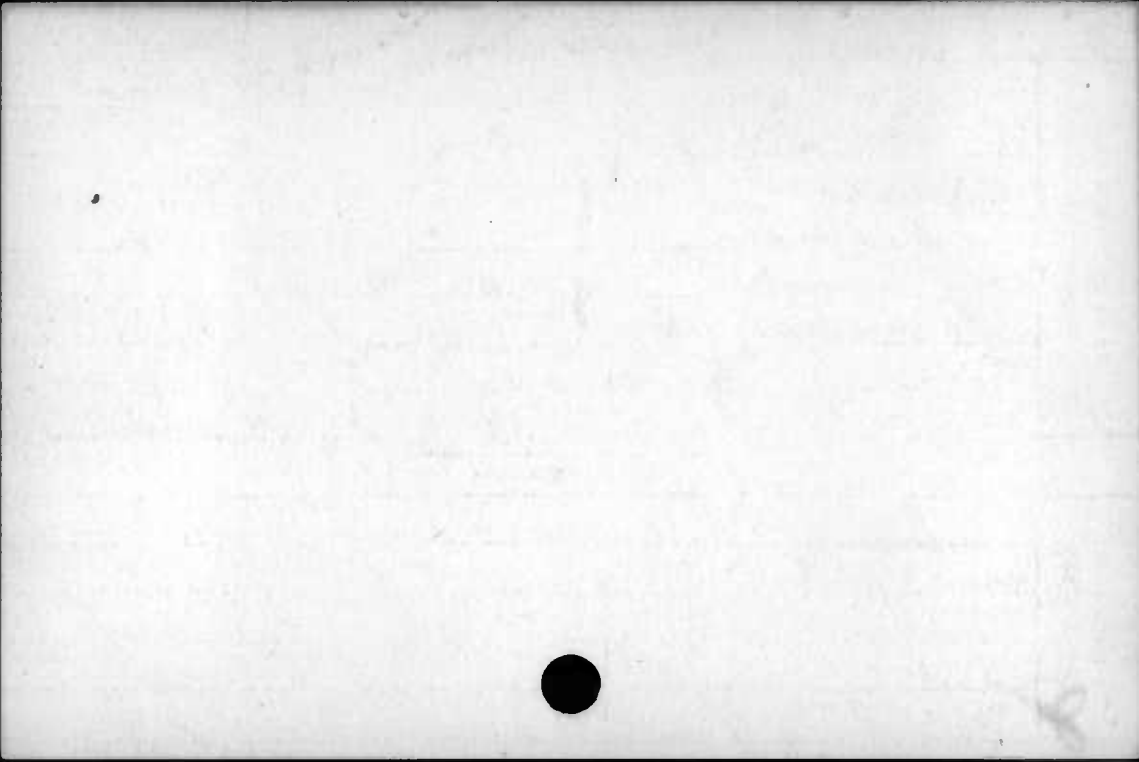
Primary *Influenza* *Pneumonia* How long *Several weeks*

Immediate *Pneumonia* How long *Four days*

Are the name, age, sex, color, date and place correctly given above?
yes

Signature of Physician *John Ridout* Address *Annapolis Md*

Accident or Suicide?



Name
in
Full

Staniet Coates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

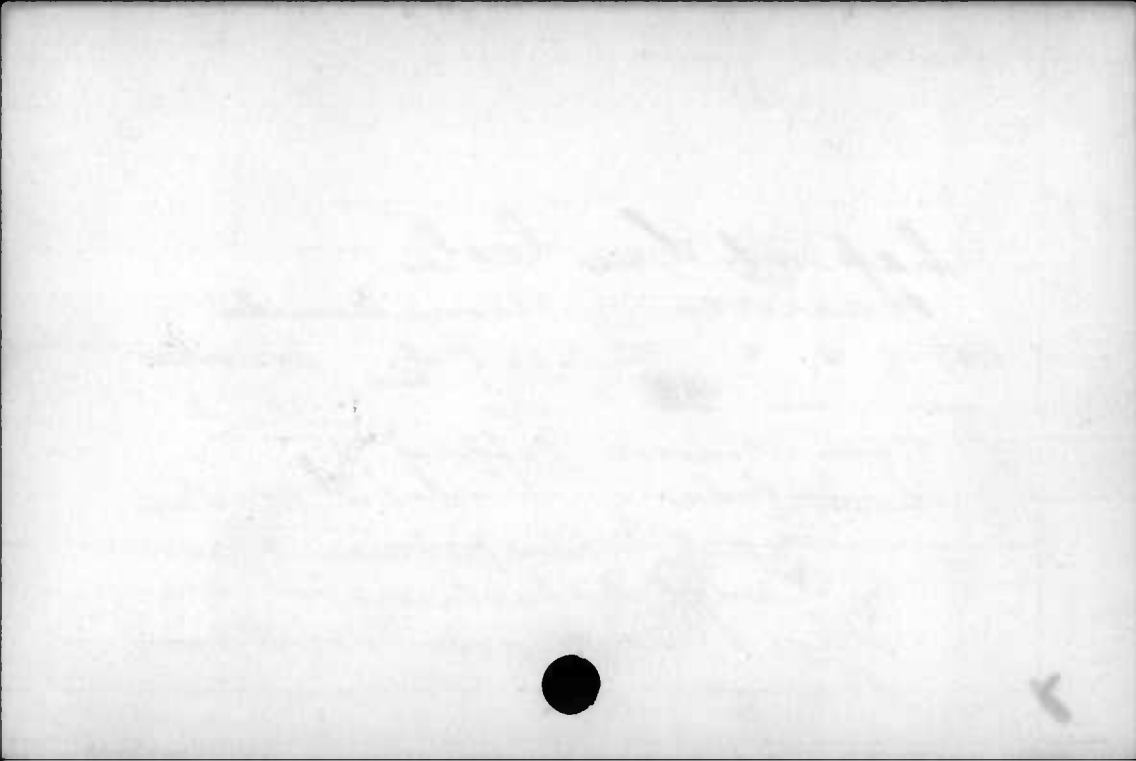
MARYLAND

Died at <u>Eastport</u> , <u>Town</u>		<u>A. A.</u> <u>Co.</u> <u>County</u>	
Date of death <u>1907</u>	<u>April</u> , <u>20</u> , <u>Day</u>	<u>41</u> , <u>Years</u>	<u>10</u> , <u>Months</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>A. A. Co.</u>	
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Eastport</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Thomas Coates</u>		
Father's Name <u>Wesley Pinkney</u>	Father's Birthplace <u>Chatham</u>		
Mother's Name <u>Christina Pinkney</u>	Mother's Birthplace <u>Chatham</u>		
Name of person giving information <u>John Grosse</u>	How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart Failure</u>	How long
Immediate	<u>179</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout</u>
<u>Yes</u>		Address <u>Annapolis</u>
Accident or Suicide?		



Name in Full

Certificate of Death

Shepard Ler Cole

Town

County

Died at

Hanover

Anne Arundel

MARYLAND

Date 1907 Month 4 Day 4 Age 52. 7. 23 Native of Md. Occupation Truckee

Male White Married ~~Widow~~ ~~Divorced~~ Number of children living 2

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband

of

~~Wife~~

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ann Minerva Jeffery

Mother's

Name

Rachel M. Lee.

How long sick

Years -

Accident, Suicide, Homicide

Thos. P. Benson M.D.

Hanover Maryland



Name in Full Edna Coleman		Town Annapolis		County AA		CERTIFICATE OF DEATH	
Died at Annapolis		Month April		Day 10		MARYLAND	
Date of death 1907		Age 1		Years 1		Months 10	
Sex Female		Color or Race Caucasian		Birth-place Annapolis			
Occupation —		Where Residing if not at place of death 2 First St					
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name John Coleman		Father's Birthplace West River					
Mother's Maiden Name Josephine Howard		Mother's Birthplace —					
Name of person giving information Brother Josephine Coleman		How related to deceased Mother					
CAUSES OF DEATH							
Primary Capillary Bronchitis		How long from day 1					
Immediate Athroea		How long —					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Ridout		Address Annapolis			
Accident or Suicide? —							

Asbury Cemetery

Name
in
Full

Rachel Little Corner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

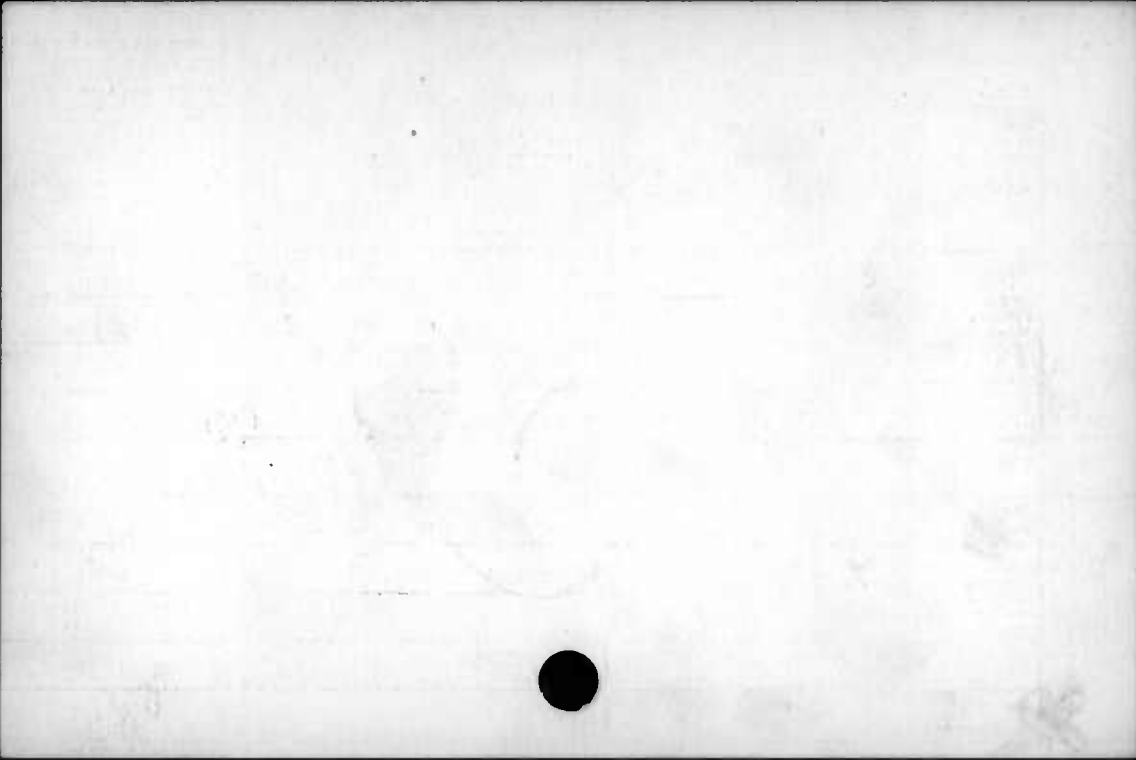
Died at <i>Near Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>April</i>	Day <i>first</i>	Age <i>Eighty one</i>	Years <i>Two</i>	Months <i>Twenty</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>living on Farm</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Theodore Corner</i>					
Father's Name <i>J. Little Shaffer</i>				Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Susan</i>				Mother's Birthplace <i>Florida</i>			
Name of person giving information <i>Theodore S Corner</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

55

PHYSICIAN
OR CORONER

Primary	<i>Fatty Degeneration</i>	How long	<i>3 years</i>
Immediate	<i>Coma</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. D. Ridout M.D.</i>	
		Address <i>Annapolis Md.</i>	
Accident or Suicide? <i>8</i>		<i>R. F. D. No 1</i>	



Name
in
Full

Edward Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Shady Side <small>Town</small>		Ad <small>County</small>		MARYLAND	
Date of death 1907	Apr <small>Month</small>	29 <small>Day</small>	Age 70 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
Sex Male	Color or Race Colored		Birth-place Ind		
Occupation None			Where Residing if not at place of death —		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving information Ben Smith		How related to deceased Friend			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	4 days
Immediate	Cerebral Hemorrhage	How long	4 day
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo. T. Smith	
		Address Churchton	
Accident or Suicide? —			

64



2

Name
in
Full

James Emmet Denver.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>	County <i>a a Co</i>		MARYLAND		
Date of death	1907	Month <i>April</i>	Day <i>20</i>	Age <i>35</i>	Months <i>5</i>	Days <i>—</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Annapolis</i>
Occupation	<i>U S Express</i>			Where Residing if not at place of death			<i>Annapolis</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Thom Denver</i>				Father's Birthplace	<i>Baltimore</i>	
Mother's Maiden Name	<i>Mary Stenberg</i>				Mother's Birthplace	<i>a a Co. Md</i>	
Name of person giving Information	<i>Ernest Denver</i>				How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Pulmonary Phthisis*

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

J. Oliver Parais,
Annapolis,
Md.

Accident or Suicide?

no



2

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Adeline M. Duvall

Died at Town *Arundel* County *Arundel* MARYLAND

Date of death *1907* Month *Apr* Day *23* Age *91* Years Months Days

Sex *Female* Color or Race *White* Birth-place *A. A. Co. Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widowed* Name of Wife or Husband *Sam'l Lee Duvall*

Father's Name *Jacob Slaughter* Father's Birthplace *Proctor Co. Md*

Mother's Maiden Name *Elizabeth Elliott* Mother's Birthplace *St. Mary's Co. Md*

Name of person giving information *J. A. Duvall* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

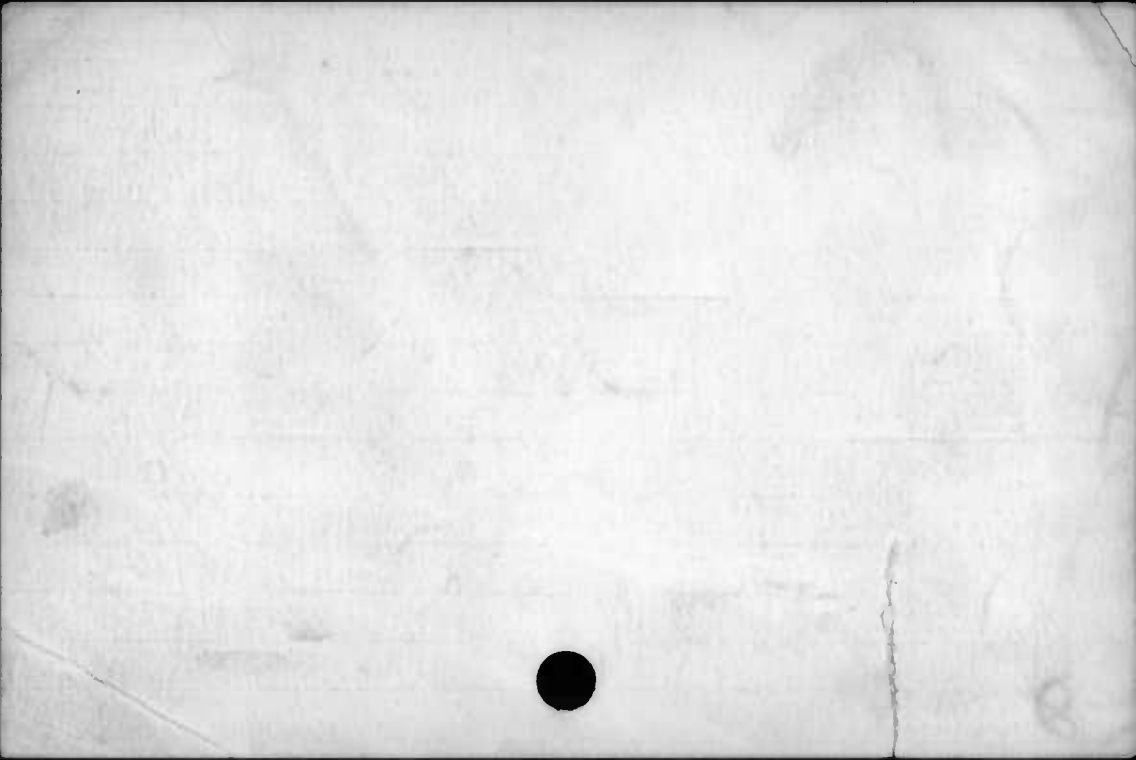
Primary *Infirmitie of Age* How long *Two months*

Immediate *Apoplexy* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. Wells* Address *Annapolis Maryland*

Accident or Suicide? *No*



Name
in
Full

Ann Sophia Fuchs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	April	Day	27	Years	81
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Annapolis, Md</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Otto Fuchs (deceased)</i>					
Father's Name <i>Washington G. Fuchs</i>				Father's Birthplace <i>Annapolis, Md</i>			
Mother's Maiden Name <i>Rachel Ann Whitington</i>				Mother's Birthplace <i>Calvert Co., Md</i>			
Name of person giving information <i>H. C. Claude</i>				How related to deceased <i>nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*Senility**154*

How long

—

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. Clement Claude M.D.

Address

*938. John St.,**Annapolis, Md.*

Accident or Suicide? _____



2

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph B. Gantt

Died at *East Port* Town *Youghiogheny* County *A.A.* MARYLAND

Date of death *1907* Month *April* Day *19* Age *3* Years Months *6* Days *3*

Sex *Male* Color or Race *White* Birth-place *East Port*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *J. B. Gantt* Father's Birthplace *Chambersburg*

Mother's Maiden Name *Mellie L. Pennell* Mother's Birthplace *Ohio*

Name of person giving information *Mellie L. Gantt* How related to deceased *Mother*

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary *Extensive Burns of body + Arms* How long *2 days -*

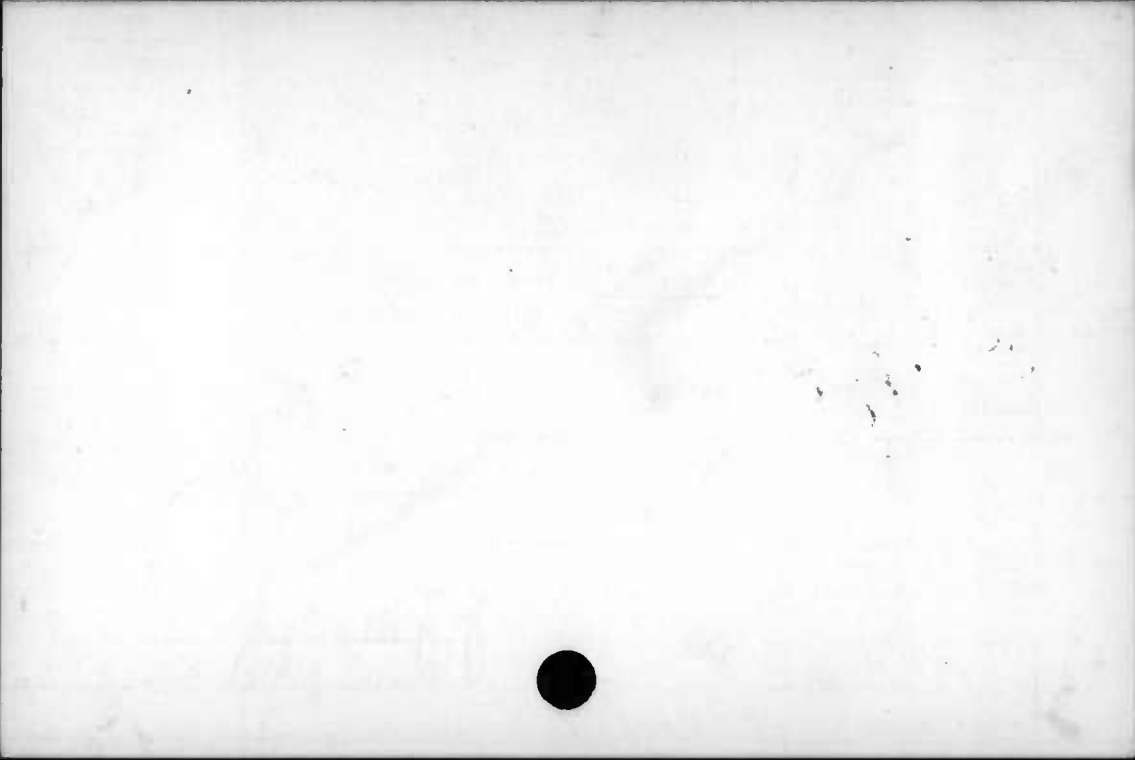
Immediate *Uraemic Coma* How long *10 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Louis B. Dunkel Jr.*

Address *Pennapolis*

Accident or Suicide? *Neither*



Name
in
Full

CERTIFICATE OF DEATH

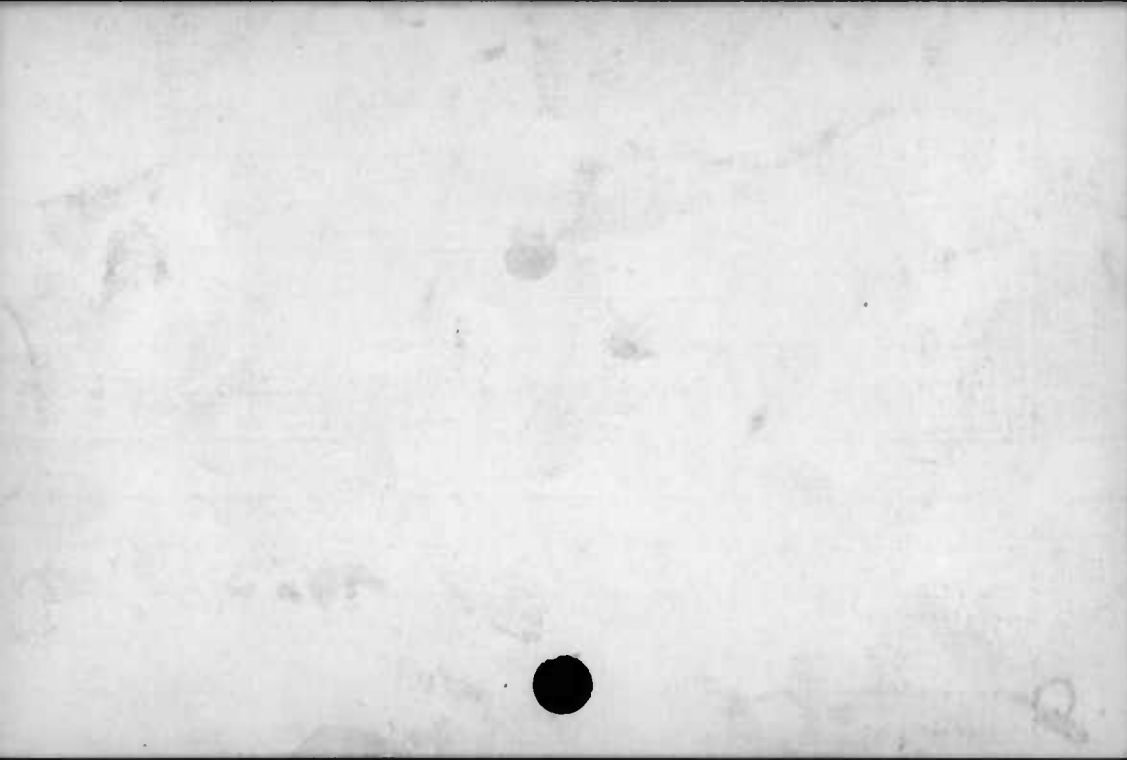
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Robinson</i> Town <i>Hall</i> County <i>Ch</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>4th</i>	Age <i>—</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Ch, Conn</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>George W. Hall</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Johnson</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>L. Laura Jones</i>	How related to deceased <i>Grand Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. [Signature]</i>
	Address <i>Admission [Signature]</i>
Accident or Suicide?	



Name
in
Full

William Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

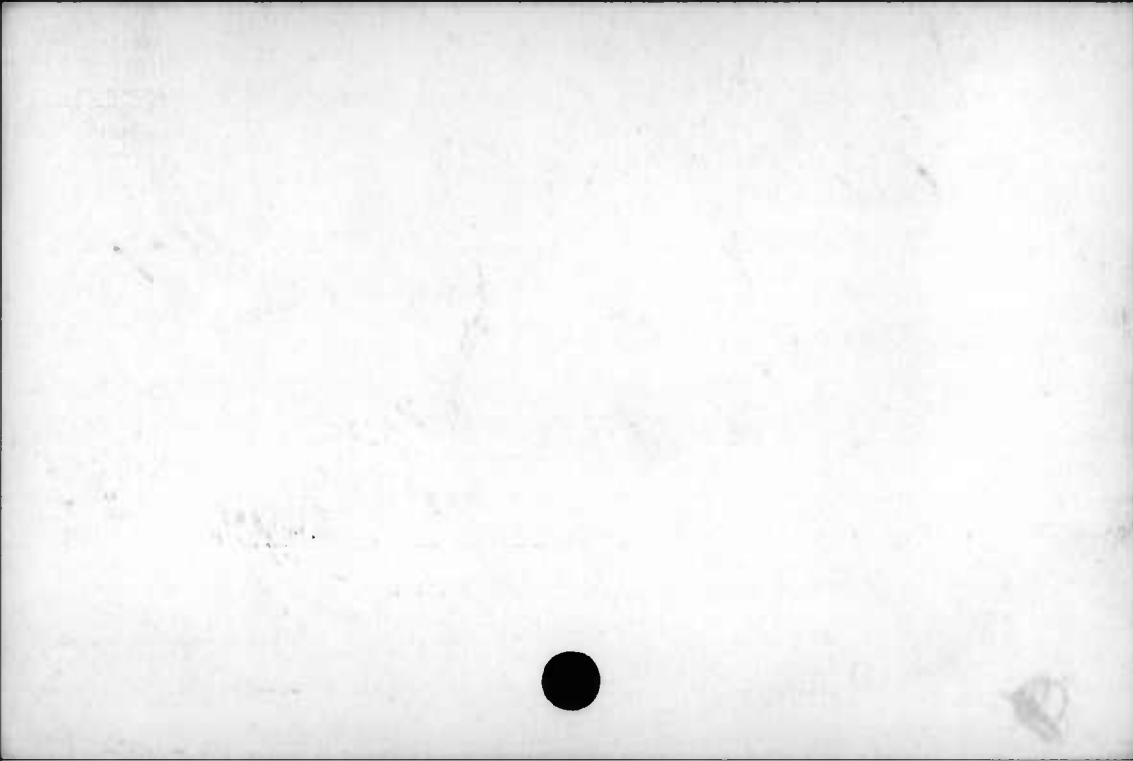
Died at		Town		County		State	
Annapolis		Annapolis		Anne Arundel		Maryland	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	10	46			
Sex		Color or Race		Birth-place			
Male		Colored		A.A.Co.			
Occupation				Where Residing if not at place of death			
Laborer				54 Washington St.			
Married, Single or Widowed		Name of Wife or Husband					
Married		Mary Hamilton					
Father's Name		Father's Birthplace					
Dennis		Dennis					
Mother's Maiden Name		Mother's Birthplace					
" "		" "					
Name of person giving information		How related to deceased					
Mary Hamilton		Wife					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary		How long	
Acute Indigestion		Sudden death	
Immediate		Heart Failure	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout, M.D.	
		Address	
		Annapolis	
Accident or Suicide?			



Name
in
Full

Emma A Haugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

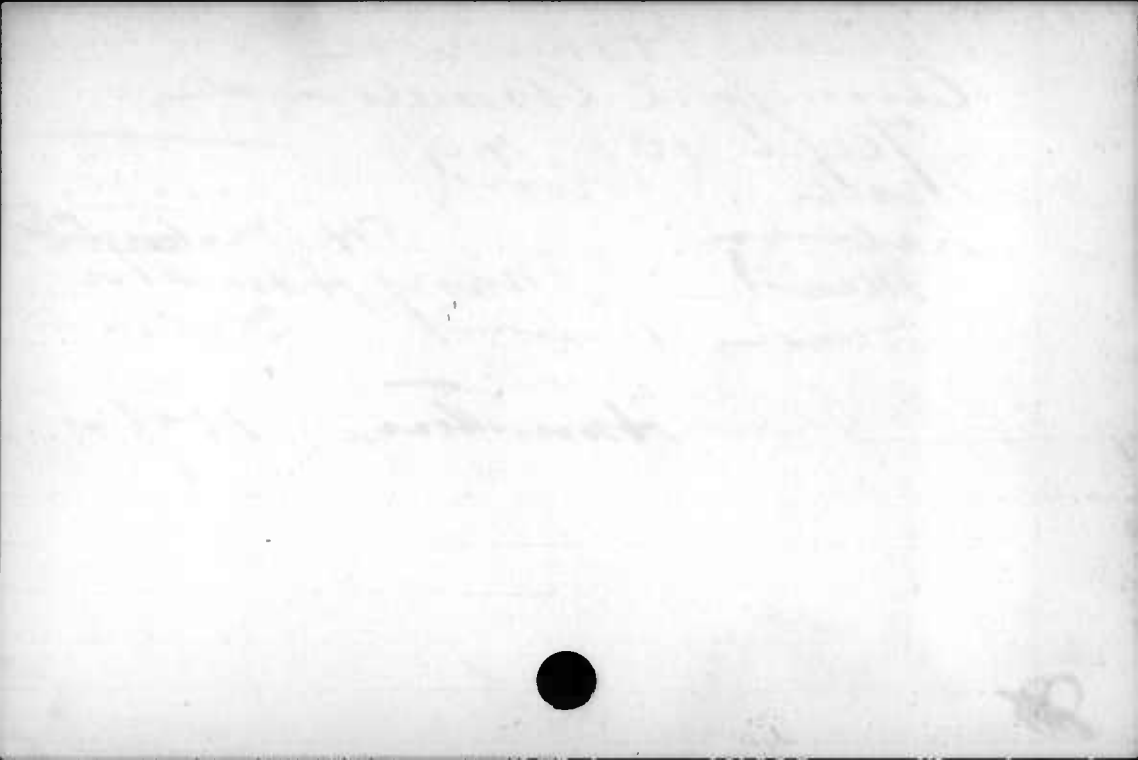
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Apr</i>	Day <i>17</i>	Age <i>30</i>	Years	Months <i>—</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Ind</i>				
Occupation <i>Housework</i>		Where Residing if not at place of death <i>159 Prince Geo St</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Grier S. Haugh</i>					
Father's Name <i>Morris A. Hantske</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Emma A. Hantske</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Grier S. Haugh</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Cardiac Syncope</i>	How long <i>12 hrs.</i>
Immediate <i>Appendectomy & Oophorectomy</i>	How long <i>Years. 1 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. L. Leysner</i>
	Address <i>159 Prince George St Annapolis Ind.</i>
Accident or Suicide?	



Name
in
Full

Rachel Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

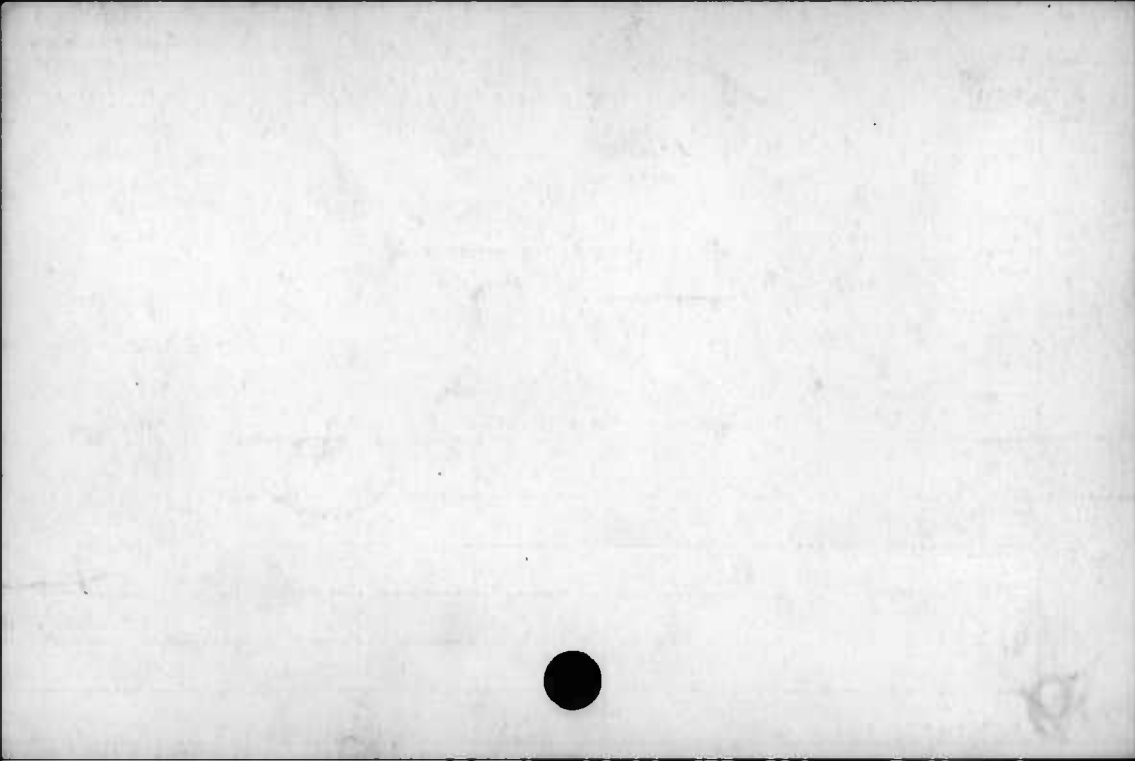
Died at <i>Queen of Job's</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month <i>7</i>	Day <i>16</i>	Age <i>64</i>	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>141 South St.</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John Hobbs</i>				
Father's Name <i>Harry Goodale</i>	Father's Birthplace <i>A. A. Co.</i>				
Mother's Maiden Name <i>Sarah Knud</i>	Mother's Birthplace <i>Dout Knud</i>				
Name of person giving information <i>Martha Haines</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary <i>Fibroid Tumor</i>	How long <i>two years</i>
Immediate <i>Heart Failures</i>	How long <i>1 1/2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. T. Keckell</i>
	Address <i>60 Cathedral St. Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

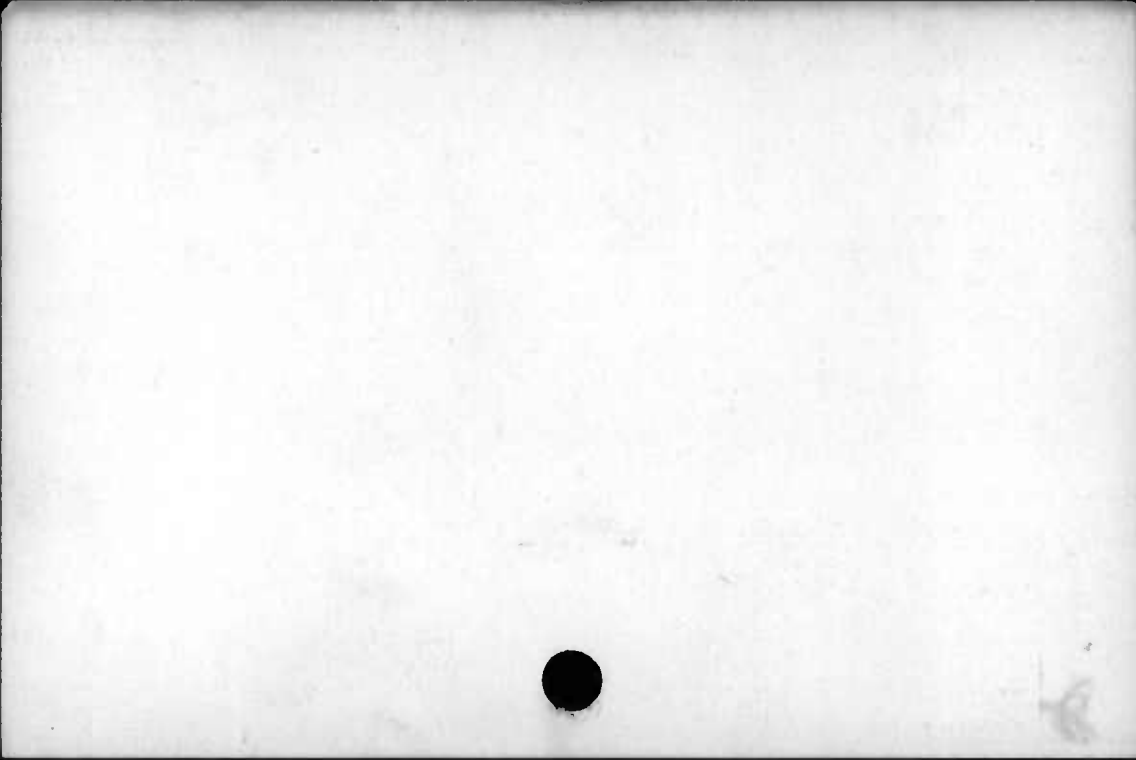
Died at <i>Annapolis</i> Town		<i>A A</i> County		MARYLAND			
Date of death	1907	Month. <i>April</i>	Day <i>23</i>	Age <i>78</i>	Years <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co Md</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Jerrod Hopkins</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>Caroline Hopkins</i>	Mother's Birthplace <i>A A Co. Md</i>						
Name of person giving information <i>Henry M Hopkins</i>	How related to deceased <i>Cousin</i>						

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary <i>Cancer of nose</i>	How long <i>27</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Murphy</i>
	Address <i>Anne Arundel Co Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Susan Hubbard

CERTIFICATE OF DEATH

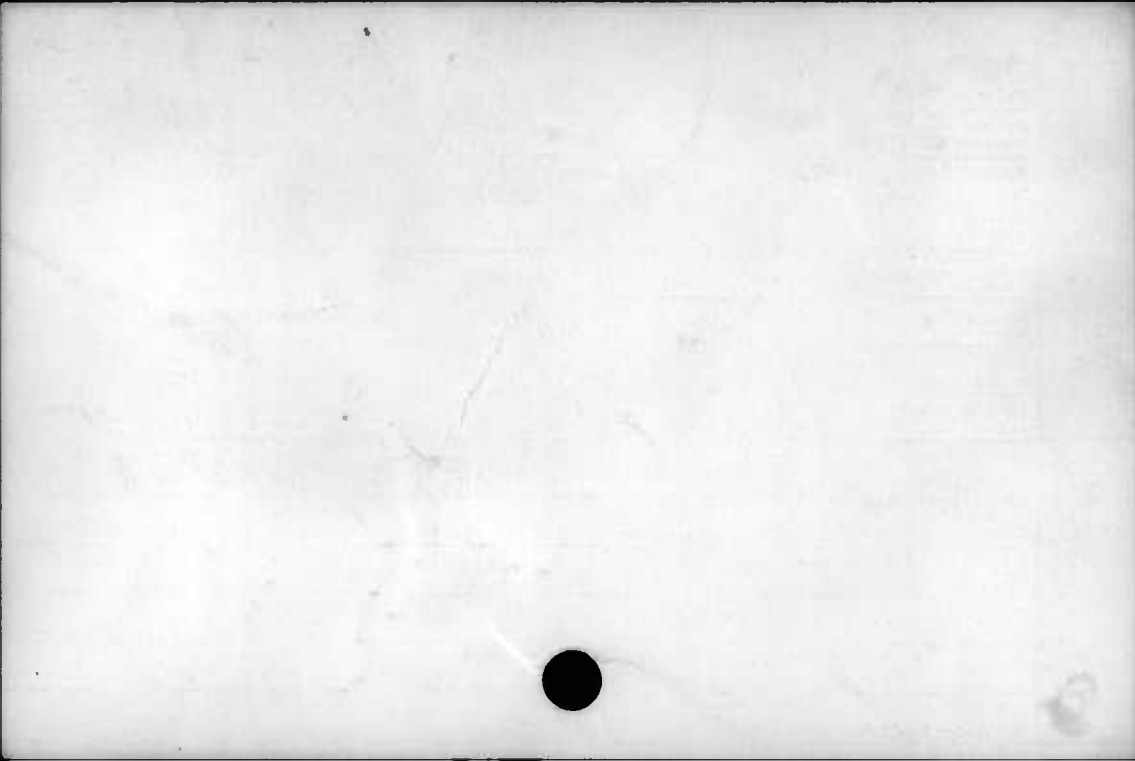
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapole</u> Town		County <u>a</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Apr</u>	Day <u>19</u>	Age <u>94</u> -	Months <u>-</u>	Days
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Mo-</u>		
Occupation <u>None</u>	Where Residing if not at place of death				
Married or Widowed	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Burnett</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>James Bowman</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. J. Welch H.O.</u>
	Address <u>Annapolis</u>
Accident or Suicide? <u>no</u>	



Name
In
Full

Peter Murdoch

CERTIFICATE OF DEATH

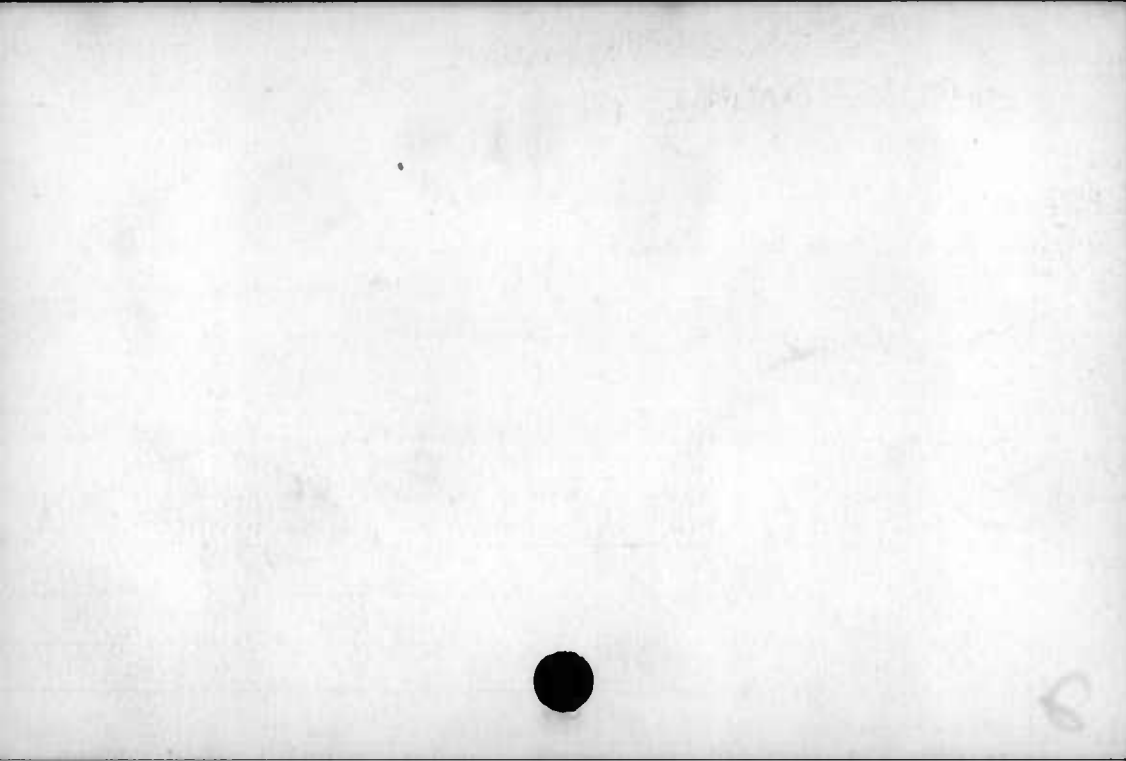
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town} <u>Anne Arundel</u> ^{County} <u>MARYLAND</u>	
Date of death <u>1907</u> ^{Month} <u>April</u> ^{Day} <u>13</u> ^{Age} <u>76</u> ^{Years} <u>7</u> ^{Months} <u>6</u> ^{Days}	
Sex <u>Male</u> Color or Race <u>Colored</u> Birth place <u>Anne Arundel</u>	
Occupation <u>Lawyer</u> Where Residing if not at place of death <u>33 Calvert St</u>	
Married, Single or Widowed <u>Married</u> Name of Wife or Husband <u>Harriet Murdoch</u>	
Father's Name <u>James Murdoch</u> Father's Birthplace <u>Alex</u>	
Mother's Maiden Name <u>Mary</u> Mother's Birthplace <u>Alex</u>	
Name of person giving information <u>Harriet Murdoch</u> How related to deceased <u>wife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u> <u>(64)</u> <u>Sudden Death</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Ridout</u> Address <u>Annapolis</u>
Accident or Suicide?	



Name
in
Full

Still Born
Town

Queen
County

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis
Date of death 1907 April 29

Age

Months

Days

Sex Male

Color or Race

Colored

Birth-place

Annapolis

Occupation

Where Residing if not at place of death

34 Card Alley

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Haginer Linn

Father's Birthplace

Annapolis

Mother's Maiden Name

Emma Gardner

Mother's Birthplace

Annapolis

Name of person giving information

Emma Gardner

How related to deceased

Mother

CAUSES OF DEATH

Primary

Still-born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

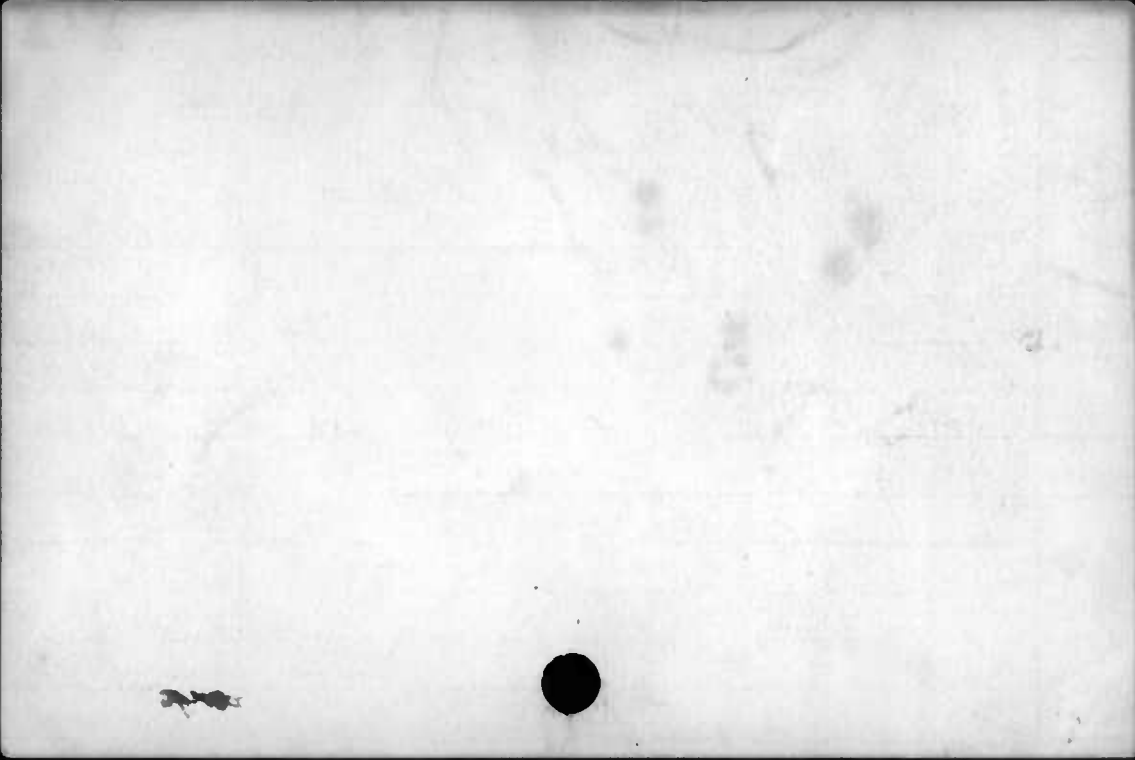
Address

John Ridout
Annapolis
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

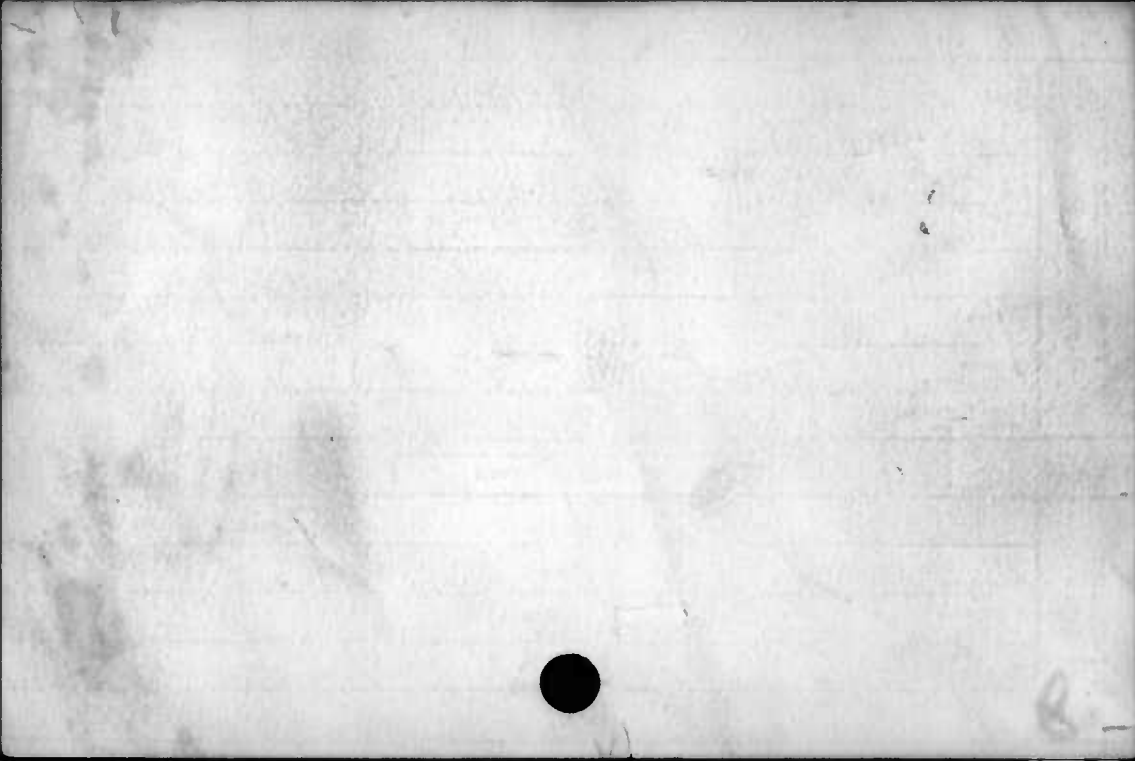
Died at <i>Annapolis</i> Town <i>AA</i> County		Months <i>8</i> Days	
Date of death <i>1907 April 26</i> Month <i>April</i> Day <i>26</i> Age <i>44</i> Years		Months <i>8</i> Days	
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>	
Occupation <i>— — —</i>		Where Residing if not at place of death <i>Monument St</i>	
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>— — —</i>		
Father's Name <i>Louise Randall</i>	Father's Birthplace <i>South River</i>		
Mother's Maiden Name <i>Lizzie Sargent</i>	Mother's Birthplace <i>South River</i>		
Name of person giving information <i>Mother Lizzie Randall</i>		How related to deceased <i>mother</i>	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Several months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout MD</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

May Mallen Sears

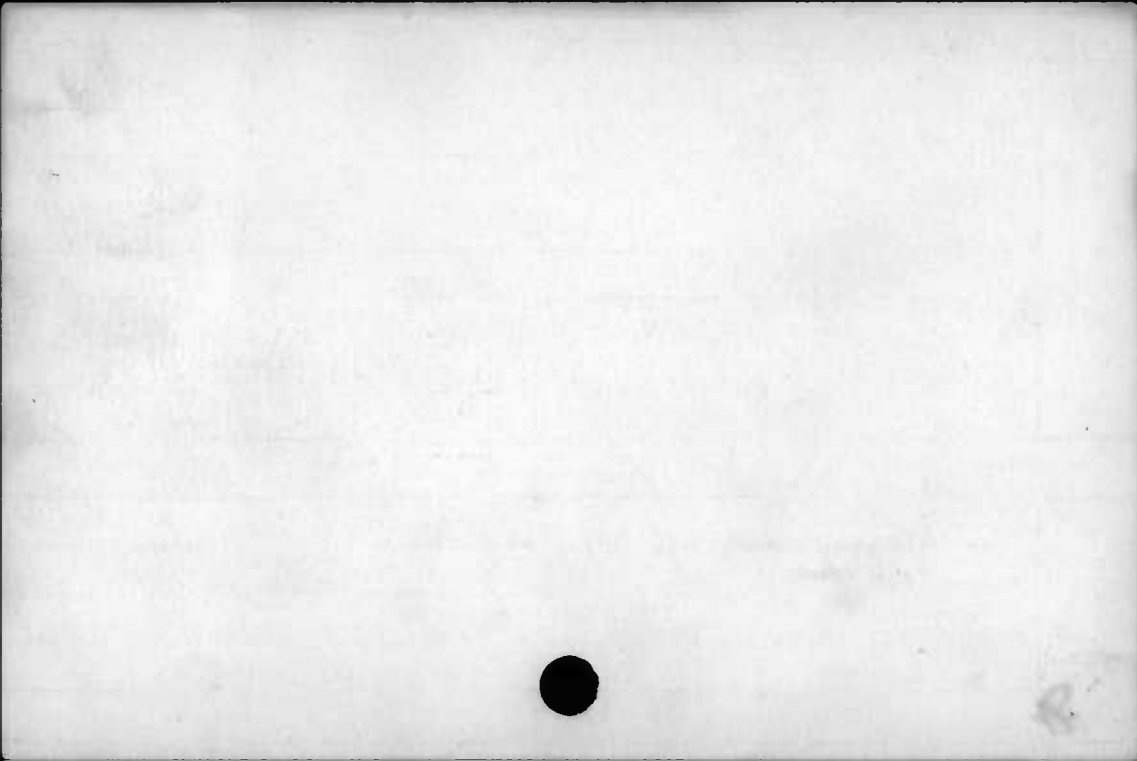
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Annapolis</i>		County <i>A A Co</i>		MARYLAND	
Date of death <i>1907 April</i>	Month <i>25</i>	Day <i>8</i>	Age <i>11</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>A A Co</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>West Annapolis</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Benj Sears</i>	Father's Birthplace <i>A A Co</i>				
Mother's Maiden Name <i>Isbell Tydings</i>	Mother's Birthplace <i>A A Co</i>				
Name of person giving information <i>Benj Sears</i>	How related to deceased <i>Father</i>				

PHYSICIAN
OR CORONER

Primary <i>from burning of brush in garden</i>		CAUSES OF DEATH		(167)	
Immediate <i>Extensive burns fire.</i>		How long <i>1 line days</i>			
Are the name, age, sex, color, date and place correctly given above? <i>as far as I know yes.</i>		Signature of Physician <i>F. H. Thompson M.D.</i>		How long <i>3 days.</i>	
Address <i>193 Church St.</i>		City <i>Annapolis Md.</i>			
Accident or Suicide? <i>Accident</i>					



Name
in
Full

Thomas Steward-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Armiger P.O.* Town *Anne Arundel* County *MARYLAND*

Date of death *1907* Month *April* Day *26* Age *75* Years *Months* *Days*

Sex *Male* Color or Race *Colored* Birth-place *A.A. Co.*

Occupation *Farm hand -* Where Residing if not at place of death *_____*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Rebecca Steward*

Father's Name *Jackson Steward -* Father's Birthplace *A.A. Co.*

Mother's Maiden Name *Unknown -* Mother's Birthplace *Unknown*

Name of person giving information *Jerry Steward -* How related to deceased *Son*

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

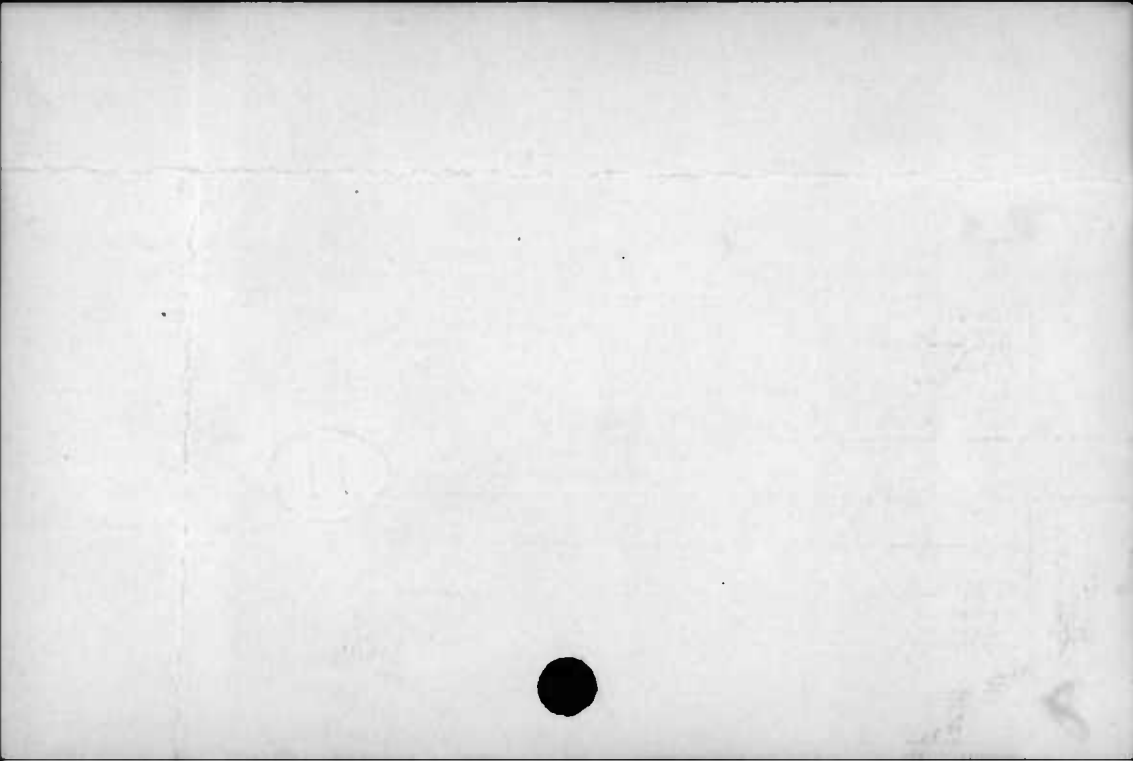
Primary *Rheumatism* How long *2 years.*

Immediate *Mitral Insufficiency -* How long *2 years.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James P. Billingsley*

Address *Armiger*

Accident or Suicide? *No -* *MD*



Name
in
Full

Mrs. Ellen Frott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

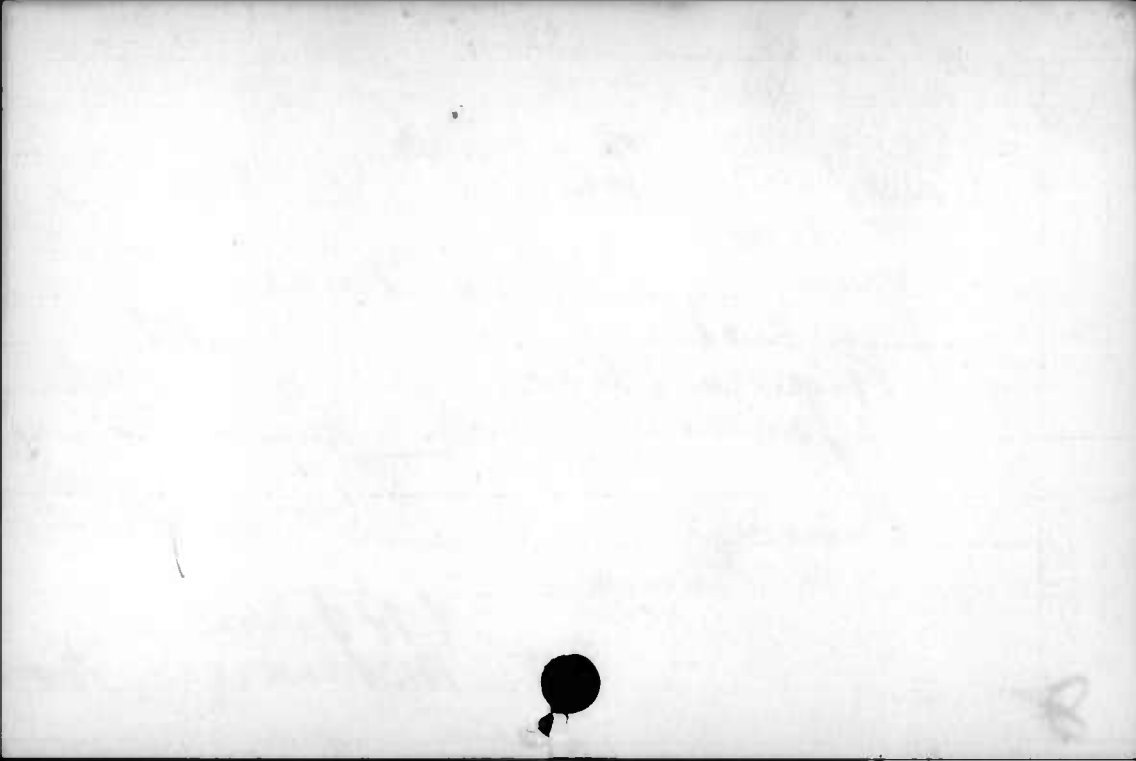
Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>1</i>	Years <i>76</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co Md</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Richard Frott</i>					
Father's Name <i>Henry Stallings</i>		Father's Birthplace <i>Calvert Co Md</i>					
Mother's Maiden Name <i>Margaret</i>		Mother's Birthplace <i>Calvert Co, Md</i>					
Name of person giving information <i>J. S. Norfolk</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long <i>1 week</i>
Immediate	<i>Heart Failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm Welch</i>
		Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKendree</i> <small>Town</small>		<i>Anne</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>13</i>	Age <i>66</i>	Years <i>66</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>None</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John Turner</i>				
Father's Name <i>John Zucker</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Priscilla Holt</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>James Turner</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>12 months</i>
Immediate <i>Asthma</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Perrie</i>
	Address <i>McKendree, Ind.</i>
Accident or Suicide?	

